



REPLY TO
ATTENTION OF
DASG-PPM-NC

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

02 APR 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Prevention and Control of Illnesses Related to Mobilization

1. References:

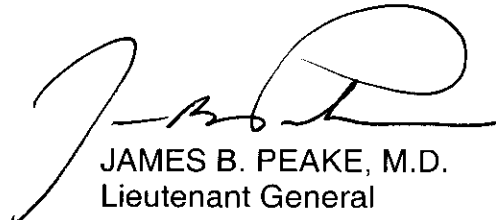
- a. AR 40-5, Preventive Medicine, 15 Oct 90.
- b. Memorandum, DASG-PPM-NC, 4 Mar 03, subject: Floor Space Requirement for Basic Trainees (enclosure 1).

2. Mobilization to support current operations has increased demands for troop billeting, leading to crowding of personnel pending deployment. The stress of deployment and its associated crowding places soldiers at higher risk of infectious diseases, especially those spread via the respiratory tract. Infections of particular concern are influenza and other acute respiratory diseases (ARD), streptococcal sore throat, meningococcal infections, and "Norwalk agent-like" viruses that cause diarrhea. In addition, the recently described "severe acute respiratory syndrome" (SARS) should be viewed as a potential threat to military personnel under these conditions, although there have been very few suspected cases of SARS in the US and none in military personnel.

3. Crowding together of personnel from many units during mobilization resembles recruit training for most infectious disease purposes. Disease control procedures used in recruit training centers (reference 1.b.) are applicable to Army mobilization installations. The enclosed information paper (enclosure 2) includes detailed guidance for reducing the risk of diseases potentially associated with crowding.

4. Point of contact for this action is COL Robert DeFraites at DSN 761-3146, commercial (703) 681-3146 or email: Robert.DeFraites@otsg.amedd.army.mil.

2 Encls



JAMES B. PEAKE, M.D.
Lieutenant General
The Surgeon General

DASG-PPM-NC

SUBJECT: Prevention and Control of Illnesses Related to Mobilization

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DASG-PPM-NC

4 March 2003

MEMORANDUM FOR Commander, U.S. Army Training and Doctrine Command, ATTN:
Command Surgeon, 60 Ingalls Road, Fort Monroe, VA 23651-1047

SUBJECT: Floor Space Requirement for Basic Trainees

1. Per request from the Commander, U.S. Army Training and Doctrine Command (TRADOC), the guidance in AR 40-5, Preventive Medicine, paragraph 12-7b (2), is revised as follows:

a. The recommended minimum sleeping space allowance for persons in basic training is prescribed at 72 square feet per person, exclusive of stairs, halls, latrines, utility rooms, recreation areas, storage rooms, or other administrative areas. All available billeting will be used to achieve this goal. Additionally, TRADOC should, to the greatest extent possible, program recruits for basic training so as to avoid exceeding this recommendation.

b. During periods of surge and mobilization, after the above recommendations have been implemented, the standard may be temporarily relaxed, allowing less than 72 square feet per trainee. Under these circumstances, trainees should be afforded the maximum floor space possible. The absolute minimum allowable trainee floor space shall be 40 square feet per trainee.

c. New construction and renovation projects shall observe the 72 square foot requirement.

2. When trainee floor space decreases significantly below 72 square foot per trainee, commanders can expect a higher incidence of communicable disease in trainees. To mitigate this risk, Commanders should have cadre emphasize the following in all trainees:

a. Wash hands often. Particularly after latrine use, before touching food, and after sneezing or blowing one's nose.

b. Keep hands away from eyes, nose, and mouth.

c. Cover one's mouth with one's sleeve when sneezing or coughing.

d. Drink liquids to stay hydrated.

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- e. Follow Dining Facility (DFAC) suggestions for a balanced diet.
- f. Look after one's Battle Buddy Notify the Drill Sergeant if Battle Buddy feels ill.

These recommendations are outlined on posters that the TRADOC Surgeon and the Center for Health Promotion and Preventive Medicine (CHPPM) collaboratively developed. These can be found on the TRADOC Surgeon website at <http://www.tradoc.army.mil/surgeon/index.htm> under "Personal Hygiene Information", Part I, II or III. Recommend placing these posters in areas frequented by basic trainees such as the barracks and DFAC.

3. This memorandum will remain in effect until DA Pam 40-5 is published. AR 40-5, Preventive Medicine, currently in revision, will not address this subject. This memorandum has been coordinated with the Assistant Chief of Staff for Installation Management, proponent for AR 210-50, Housing Management, which contains the same standard.

4. POC for this memorandum is COL DeFraites at DSN 761-3146, Commercial (703) 681-3146 or e-mail Robert.defraites@otsg.amedd.army.mil.

FOR THE SURGEON GENERAL:



KENNETH L. FARMER, JR., M.D.
Major General
Deputy Surgeon General

INFORMATION PAPER

DASG-PPM-NC
28 Mar 03

SUBJECT: Prevention and Control of Illnesses Related to Mobilization

1. References:

- a. AR 40-5, Preventive Medicine, 15 Oct 90.
- b. Memorandum, DASG-PPM-NC, 18 Jul 01, subject: Army Acute Respiratory Disease Surveillance Program.
- c. Memorandum, DASG-PPM-NC, 4 Mar 03, subject: Floor Space Requirement for Basic Trainees.

2. Countermeasures to limit infections accelerated by crowding during mobilization can be roughly divided into the following categories: surveillance, barracks and personal hygiene, immunization, and prophylactic medication.

a. Surveillance: Medical surveillance for respiratory disease is outlined in reference 1.b., and its implementation is critical to preventing large outbreaks. Key elements are increased medical staff awareness of respiratory disease and creation of separate acute respiratory disease (ARD) wards.

b. Barracks Hygiene: A minimum of 72 square feet per soldier is US Army policy IAW reference 1.a. although during surge periods, this limit may be exceeded IAW reference 1.c. If this limit is unavoidably lowered by the commander due to operational considerations, then this risk should be minimized by providing the maximum amount of space per soldier possible and increasing barracks room ventilation.

c. Personal Hygiene: Hand washing, hydration, covering one's mouth when sneezing or coughing, keeping one's hands away from eyes, nose, mouth, a balanced diet and looking after one's fellow soldiers are all common sense advice that often gets overlooked in the rush of mobilization. Leadership emphasis on these basic tenets of hygiene can limit respiratory disease. These practices are illustrated on posters developed by TRADOC and the Center for Health Promotion and Preventive Medicine <http://www.tradoc.army.mil/surgeon/information.htm> under "Personal Hygiene Information".

d. Immunization: Vaccinations should be given according to current guidelines during the SRP process. Soldiers who have not yet been vaccinated against influenza for the 2002-2003 season should be immunized.

e. Prophylactic drugs: Benzathine Penicillin G injections are given on entry to several recruit centers to prevent streptococcal sore throat. This measure can also be

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considered in large mobilization or training centers if the soldiers are expected to remain on station for several weeks and especially if Group A beta hemolytic streptococcal infections are known to be a problem at a particular installation. Widespread use of penicillin prophylaxis should be coordinated with this office before implementation.

f. Isolation of potentially contagious cases: Health care providers must take appropriate actions in protecting themselves and their patients against potentially transmissible infections in the patient care environment. Infection control practices including careful handwashing, use of barrier materials, and contact and respiratory isolation practices must be meticulously enforced. Many cases in the current outbreak of Severe Acute Respiratory Syndrome (SARS) have occurred among health care providers or in health facilities.

3. Information on current vaccination policies can be found at the Military Vaccines Program website: <http://www.vaccines.army.mil/>

COL DeFraites/ DSN 761-3146